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Assistant Commissioner for Patents
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

NATALIE D. KADIEVITCH
BRINKS HOFFER GILSON AND LIONE
PO BOX 10395
CHICAGO IL 60610

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Natalie D. Kadievitch (Depositor's name)

Natalie D. Kadievitch (Signature)

December 14, 1998 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/807,621	02/27/97	075	PATEL, M	3737 09/14/98
First Named Applicant: EATON, JOHN W.				

TITLE OF INVENTION

ULTRASONIC CATHETER, SYSTEM AND METHOD FOR TWO-DIMENSIONAL IMAGING OR THREE-DIMENSIONAL RECONSTRUCTION (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	5050/167	500-466,000	J04	UTILITY	NO \$1320.00	12/14/98

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Brinks Hofer Gilson & Lione

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Acuson Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Mountain View, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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☐ Issue Fee

☐ Advance Order - # of Copies _____

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

12/14/98

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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12/21/98 MTRALL 0000204 231935 08307621
02 00:142 30.00 CH 1210.00 GP

TRANSMIT THIS FORM WITH FEE

TRANSMITTAL LETTER			Case No. 5050/167
Serial No. 08/807,621	Filing Date Feb. 27, 1997	Examiner Patel, M.	Group Art Unit 3305
Inventor(s) John W. Eaton et al.			
Title of Invention Ultrasonic Catheter, System and Method for Two-Dimensional Imaging or Three-Dimensional Reconstruction			

TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith is Part B-Issue Fee Transmittal and \$1210 check.

- ☐ Small entity status of this application under 37 CFR § 1.27 has been established by verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.
- ☐ Petition for a _____ month extension of time.
- ☐ No additional fee is required.
- ☐ The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus		
Indep.		Minus		
First Presentation of Multiple Dep. Claim				

Small Entity

Rate	Add'l Fee
x \$11 =	
x \$40 =	
+ \$130 =	
total add'l fee	\$


or

Other Than
Small Entity

Rate	Add'l Fee
x \$22 =	
x \$80 =	
+ \$260 =	
total add'l fee	\$

- ☐ Please charge Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE) in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$1210 to cover the filing fee is enclosed.
- ☒ The Assistant Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.
- ☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


 Natalie D. Kadievitch
 Registration No. 34,196
 Attorney for Applicant

BRINKS HOFER GILSON & LIONE
 P.O. BOX 10395
 CHICAGO, ILLINOIS 60610
 (312) 321-4200

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Date: 12/14/98 Signature: 